1800015314

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800326369718

2019 HAR 20 PM 3: 11

R. West. M228 IN

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations		
SUBJECT:	Movement Medicine LLC		
Name of Limited Liability Company			
Dear Sir or M	vladam:		
The enclosed	d Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.
Please return	all correspondence concerning thi	s matter to th	ne following:
Chelsea G	Gilday		
	Name of Person		
Movemen	t Medicine LLC		
	Firm/Company		
1219 E St	rawbridge Ave Apt5		
	Address		
Melbourne	e, Florida 32901		
	City/State and Zip Code		
_	571@gmail.com		 .
E-mail	address: (to be used for future ann	ual report no	tification)
For further i	nformation concerning this matter.	please call:	
Chelsea G		302	5884768
	Name of Person		Area Code & Daytime Telephone Number
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enc	losed is a check for the following	amount:	
2 2 S	25 Filing Fee		\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

Api	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Strawbridge		ility co	mranv
				(Note: MAY BI			
Me	15	_	Apt 5				
	lbourne , Florida 32901	_	Melbour	ne, Florida 3	2901		
03/1	18/2019						
	Date of filing/registration in Florida	4.		Document nur	nber		
u) <u>Uni</u>	ted States Corporated Agents INC						
	tered Agent and Registered Office shown on the records of 802 Winding Oak Court	the Florida	Dept. of State	e: _			
-	it A	<u>ADDRESS</u>	2		141	2019 KAR	cz p
Tar	npa FL	33612		_		AR 20	·
Jona	athan Hadley			_	 [.]		
Enter	name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:		176. 175. 175.	PH 3: 11	
121	19 E Strawbridge Ave.				, <u> </u>	=	
NEW	Y Registered Office Address:						
Apt	t 5	-		_			
Ме	lbourne FL	32901		_			

inlosa Glares	Chelsea Gilday
Signature of a member or authorized representative of a member	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent